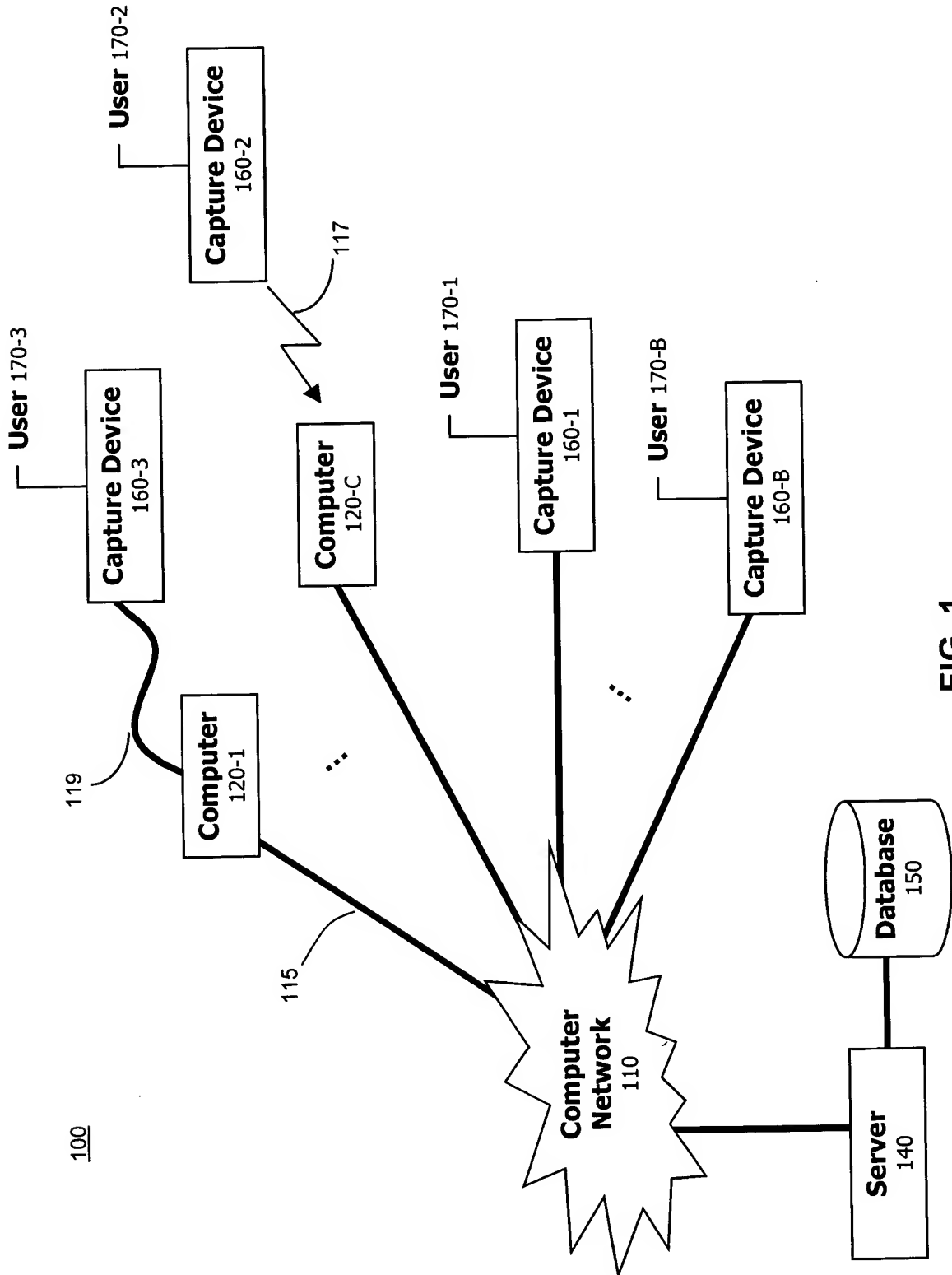


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2/5

200

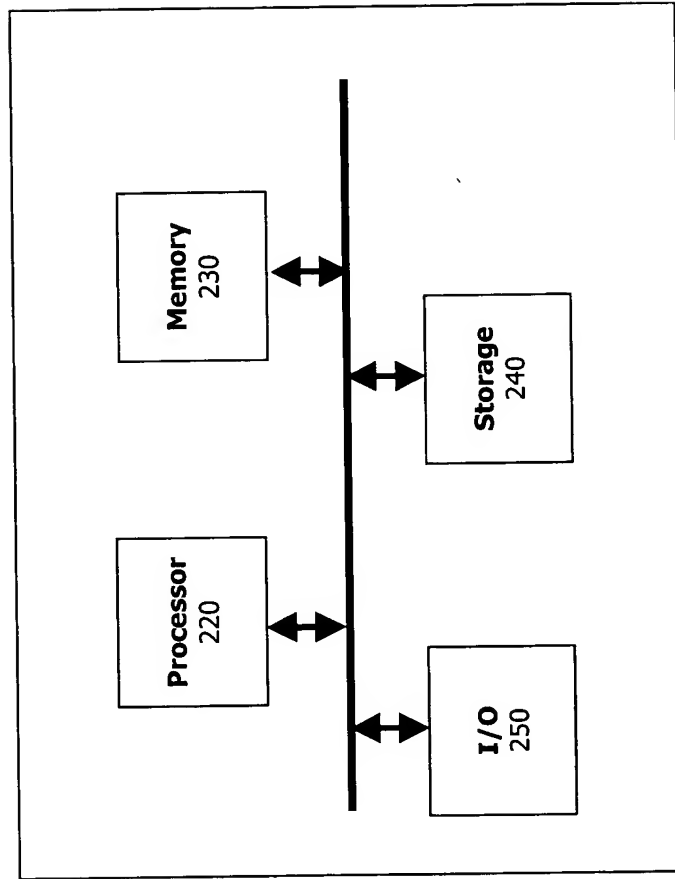


FIG. 2

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300

340

310

320

330

350

360

370

FORM 3B

Sample Questionnaire

Q1. Are you male or female?
☐ male ☐ female

Q2. How old are you?
☐ 0-19 ☐ 20-45 ☐ 46+

Q3. How often do you drink carbonated beverages?
☐ sometimes ☐ always ☐ never

Q4. What is your favorite color?
☐ red ☐ blue ☐ green
☐ yellow ☐ other

☐ AM ☐ PM

FIG. 3

400

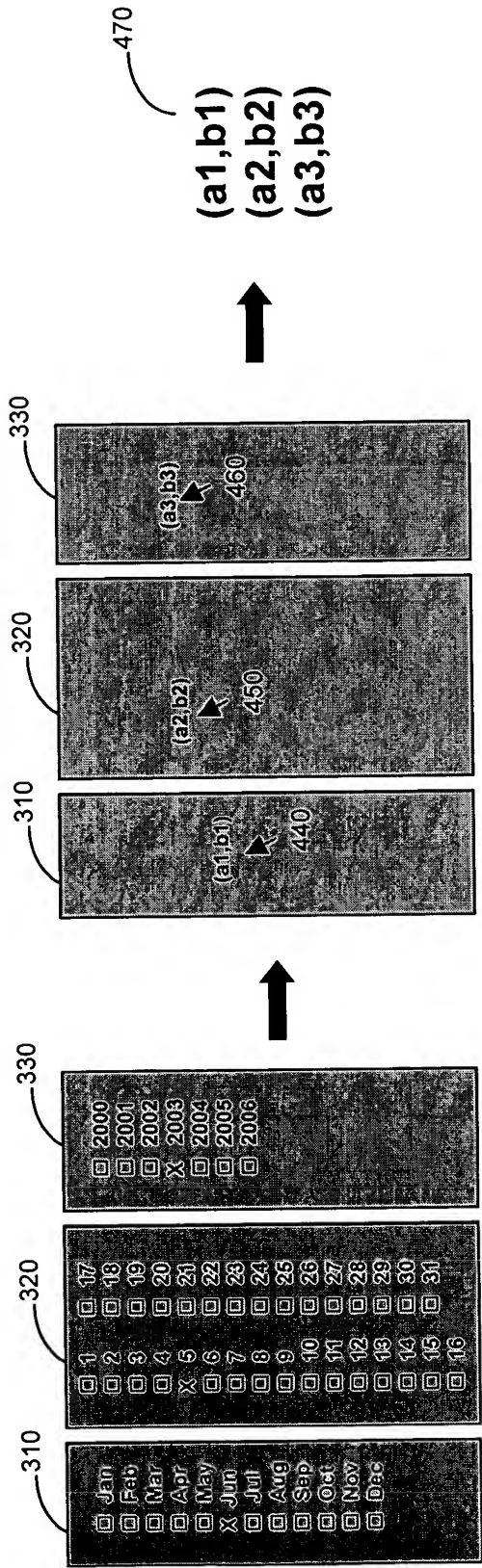


FIG. 4

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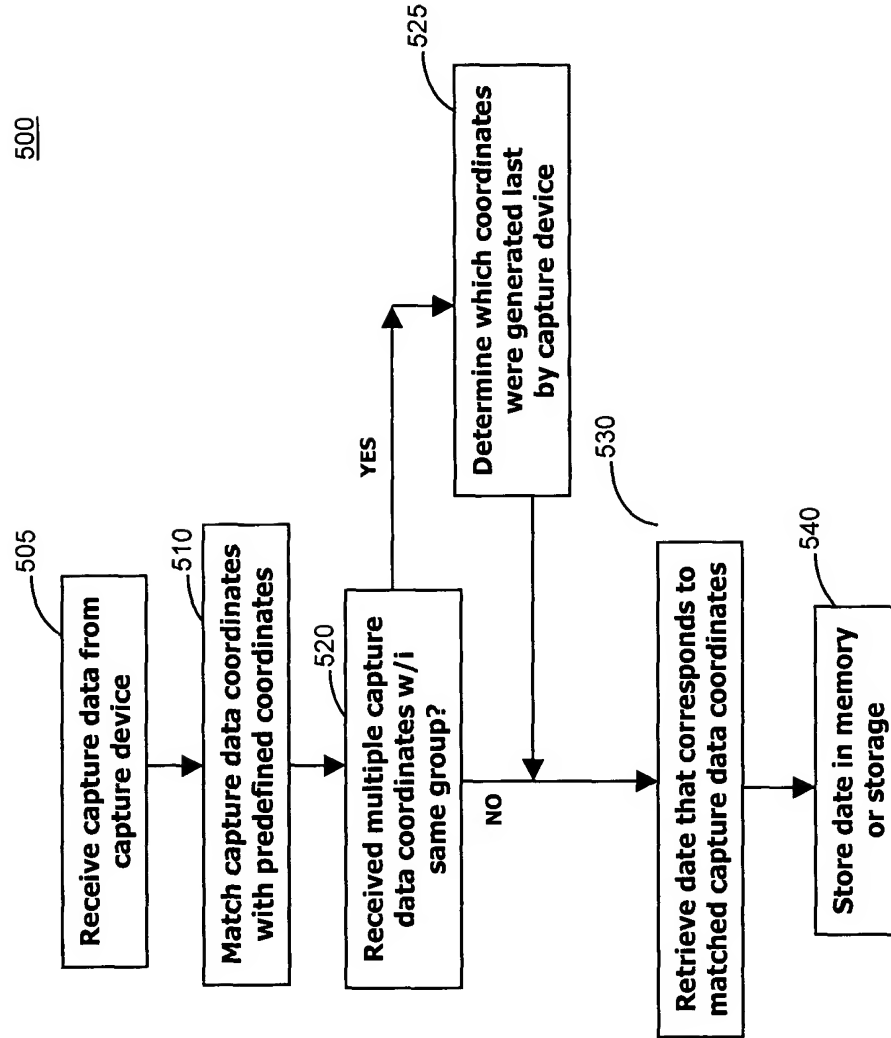


FIG. 5